

## PEACE OFFICER VISION VERIFICATION

FOR SURGERY, UNCORRECTED VISION EXCEEDS 20/60, OR CONTACT LENSES WEARER

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

SSN: \_\_\_\_\_

CLASSIFICATION: (Circle One) CO MTA CCI PAI

### ☐ UNCORRECTED VISUAL ACUITY

☐ Your uncorrected visual acuity is worse than the standard established for the classification indicated above.

☐ You have indicated you use contact lenses.

In order to receive an appointment, you will need to correct your vision using soft contact lenses (SCLs). Of course, the decision to use SCLs is between you and your optometrist or ophthalmologist. Please take the Peace Officer Vision Verification form (SSB 07C) form on the reverse side of this page to your optometrist or ophthalmologist for completion. Have your doctor mail the completed form to the address indicated on the reverse side of this form.

**ALERT!!! To qualify for employment as a peace officer who wears SCLs, you must begin wearing SCLs within one year from the date that you signed your application. You must have worn SCLs continuously for 12 months before you can be offered a peace officer position.**

### ☐ REFRACTIVE SURGERY

You have indicated you underwent refractive eye surgery within the last 12 months. Please follow the instructions in the enclosed packet of materials.

### ☐ CORRECTED VISUAL ACUITY (20/20)

Your uncorrected visual acuity is within the standard established for the classification indicated above; however, you did not demonstrate visual acuity corrected to 20/20 in each eye. Please give the Peace Officer Vision Verification form (SSB 07C) form on the reverse side of this page to your optometrist/ophthalmologist for completion. Have your doctor mail the completed form to the address indicated on the reverse side of this form.

### ☐ COLOR VISION TESTING

You did not pass the Ishihara Test for Color Blindness; as a result you have been scheduled to return and take the Farnsworth D-15 Color Vision Test on:

Date: \_\_\_\_\_

Time: \_\_\_\_\_

Please do not wear any color vision corrective device or contact lenses on the date of the test.

Please keep in mind that you are responsible for any expense associated with obtaining vision verification or correction from your optometrist or ophthalmologist.

**PLEASE NOTE:** After this form is completed and received by the CDC, it is not evaluated until after both the background investigation and the oral psychological interview have been completed.